17 APR 24 AM 11:50

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Meredith West Name of Traveler:	
Small Business Employing Office/Committee:	
CTA Private Sponsor(s) (List all):	
January 4-6, 2017 Travel Date(s):	
Amended RE-2 Form Description/l'itle of Attached Forms:	
·	
	
Post-travel submission Purpose of Amendment (describe the reason for amending original submission):	
must be amended with the Office of Public Records in SH-232.	<u></u> .
	

X 4-24-17
(1)ale)

X Medith OWS (Signature of Traveler)

0000000000

Employee	Post-Travel	Disclosure o	of Travel	Expenses
-----------------	-------------	--------------	-----------	----------

Date/Time Stamp:

In compliance with Rube reimbursed/paid for	le 35.2(a) and (c), 1 m me. I also certify that	ake the following disclo	sures with respect to t	ravel expenses that have been or wi
🗵 A copy of the Priva	te Sponsor Travel Cer	rization (Form RE-1), <u>A</u> rtification Form with all	attachments (itinerary	, invitee list, etc.)
Private Sponsor(s) (list	all): Consumer Te	chnology Associatio	n (CTA)	
Travel date(s): 4 Janu	uary 2017 - 6 Janu	ary 2017		
Name of accompanying Relationship to Travele IF THE COST OF LODG INCLUDE LODGING Control Expenses for Employed	er: Spouse GOORING DID NOT INCRE	Child	OMPANYING SPOUS	E OR DEPENDENT CHILD, ONLY
Expenses for Employ	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☑ Good Faith Estimate □ Actual Amount	\$700	\$379 x 2	\$150 total: \$38 for bfst \$35 for lunch \$77 for dinner	\$173.29
Expenses for Accomp	anying Spouse or De	ependent Child (if applie	able):	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				
☐ Actual Amount				
Provide a description necessary.):	of all meetings and ev	vents attended. See Sena	te Rule 35.2(c)(6). (A	ttach additional pages if
<u></u>	<u>. </u>	<u>. </u>		<u> </u>
1-31-17	Meredith	D. West	Mere	dul DV
(Date)	(Printed	name of traveler)		(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

1-31-17 (Date)

(Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

SPACE PROFIEE SENARG

2017 FEB -1 AM 11: 08

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

S Good Faith Estimate Actual Amount Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Ledging Expenses Meal Expenses Other Expenses (Amount & Description		all):			
THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHIL NCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) xpenses for Employee: Transportation Expenses Good Faith Estimate Actual Amount Actual Amount Transportation Lodging Expenses \$379 x 2 \$113 \$173.29 Cxpenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Lodging Expenses Meal Expenses Other Expenses (Amount & Description Cxpenses for Accompanying Spouse or Dependent Child (if applicable):	avel date(s):	lary 2017 - 6 Janu	ary 2017		
THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD NOT INCREASE OF LODGING Expenses (Amount & Description Dependent Child (If applicable): Transportation	ame of accompanying	g family member (if a	none	<u></u>	
Expenses for Employee: Transportation Expenses B Good Faith Estimate Actual Amount Transportation Transportation Expenses Transportation Expenses Actual Amount Transportation Lodging Expenses Meal Expenses (Amount & Description Estimate Transportation Ledging Expenses Meal Expenses Other Expenses Actual Amount Description Transportation Ledging Expenses Meal Expenses Other Expenses Other Expenses	clationship to Travele	er: Spouse G	Child		
Transportation Expenses 8 Good Faith Estimate Actual Amount xpenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Lodging Expenses (Amount & Description Meal Expenses (Amount & Description Transportation Lodging Expenses Meal Expenses Other Expenses Other Expenses (Amount & Description Amount & Description Description Transportation Transportation Lodging Expenses Meal Expenses Other Expenses (Amount & Description Description Transportation Transportation Transportation Lodging Expenses	ICLUDE LODGING C	OSTS IN EMPLOYEE	EASE DUE TO THE ACCENTED BEASE DUE TO THE ACCENT BEASES. (Attach add)	COMPANYING SPOUS	E OR DEPENDENT CHILD, .)
S Good Faith Estimate Actual Amount Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Ledging Expenses Meal Expenses Other Expenses (Amount & Description)	xpenses for Employ	Transportation	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Transportation Louging Expenses total approved (Amount & Description	-	\$700	\$379 x 2	\$113	\$173.29
Transportation Lodging Expenses Meal Expenses Other Expenses	□ Actual Amount				
Transportation Louging Expenses Manager & Description	xpenses for Accomp	anying Spouse or De	pendent Child (if appli	cable):	
				Meal Expenses	(Amount & Description)
O Good Faith					
Estimate Contact Amount				1	
O Actual Amount	Actual Amount				
	necessary.): See att	ached 			
necessary.): See attached					
necessary.): See attached					
necessary.): See attached		h	To La lact	1 10 A O	der Mist
necessary.): See attached	31 Tam 2017	MPNPULTU (Printed	name of traveler)		(Signature of traveler)
Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Inecessary.): See attached 31 Tam 2017	(Daie)	•			

1-31-17 (Doic) (Revised 1/3/11)

(Signature of Supervising Senator/Officer)

Form RE-2